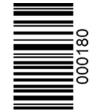


DEATH CLAIM FORM JOINT OR DUAL LIFE



Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at www.irishlife.ie or you can ask us for a copy.

The plan owner/trustee/assignee will fill this in.

Please return this form and other documents to -

Protection Claims Team, Irish Life Assurance plc, Lower Abbey Street, Dublin 1, Ireland.

If you have any queries regarding the claims process, please refer to the 'Death claims - a guide to claiming under a life assurance plan booklet'. A copy is also available on our website www.irishlife.ie.

We need relevant personal health information to assess this claim. We may need to contact you if we need to clarify any information or ask you for further information. We may also need to get relevant personal health information in connection with this claim from GPs, consultants, hospitals or other health professionals. We may use the health information obtained at this claim for any subsequent claims to Irish Life.

If you have any questions about filling in this form, please contact our Customer Service team on 01 704 1010 or email protection@irishlife.ie

Our lines are open:

8am - 8pm Monday to Thursday

10am - 6pm Friday

9am - 1pm Saturday

In the interest of customer service we will record and monitor calls.

A certified copy is a copy of the original document which has been stamped as a true copy by your solicitor, any bank, financial institution or Garda station

To process this claim we also need the following:

- Certified copy of the Death Certificate which notes the medical cause of death
- Original deed of assignment if the plan is being used as security for a loan or mortgage
- A copy of a valid photographic and address identification (e.g. passport or driving licence and a utility bill) of the person claiming.
- Note: We do not require photographic and address identification where the plan is assigned and the claim is payable to a financial institution.

Please use CAPITAL LETTERS throughout

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Plan Details						
Life Covered						
	(Name of the person w	ho has died)				
Date of Death	dd/mm/y	ууу				
Plan Numbers						
THE PERSON CLAIM	ING MUST FILL THIS IN					
I am legally entitled to claim the amount you will pay under this plan as I am the:						
Plan owner	2nd life assured	trustee	assignee	(please tick the relevant box)		

Declaration																				
I declare that all answe	ers given by me	in this	staten	nent aı	e, to	the b	est of	my k	now	/ledg	ge an	d b	elief	, truc	e ar	nd co	omp	lete	! .	
I understand and agree information Irish Life h																	neal	th		
Claimant Signature	X																			
and date Date	dd/mm/yyyy																			
Authorisation I authorise Irish Life to professionals who atter	request and re													hosp	oita	ls or	oth	er h	ealth	า
Signature(s)	X																			
and date Date	dd/n	n m /	уу	ууу	7															
Address (Where we s	should send th	e cheq	ue)																	
Address 1															T		Т			T
Address 2												Ì				Ī				Ī
Address 3																				
Contact Details																				
Home Number																				
Work Number																				
Mobile Number																				
Email Address																				
If you require the chec		e payab	ole to <u>:</u>	your s	olicit	or's c	lient a	ıccou	nt, p	oleas	se pr	ovi	de u	s wit	:h tl	ne p	ayee	e de	etails	
First Name														In	ıitia	l (if a	ppli	cabl	le)	I
Last Name																				
Address 1																				
Address 2																				\prod
Address 3																				\prod
Signature of Claimant	X																			

Please sign and date

Date

We can only fully process claims when we receive all documents we need. By sending you this form we are not admitting liability.

Please use this space to provide any more information that you think may help us to process this claim faster or to outline any specific instructions you would like us to note.

Thank you									

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